

# Form A-1 – COVER PAGE

## Screening Application FY 04 Public Health Improvement Grant

Legal Name Of Applicant:	
Contact Name:	
Contact Address:	
Contact Telephone:	Contact E-mail:
Total Funding Amount Requested:	
County(ies) to be Served:	
Designate if Applicant is seeking continuation funding during the FY 2004 funding period?  Yes_____ No_____	
Project Name:	
Part Applied For:  Part I_____ Part II_____ Part III_____	Designation of Service Area: <i>(For Part III applications only. If service area is both urban and rural, provide the percentage of services that will be provided in each area)</i>  Rural_____ % Urban_____ %
Designate if Application addresses one of the following Proposal Categories:  ____ Small Rural Project ____ Improvement of the Disease Reporting System ____ Improving Vaccination Coverage Levels ____ Promotion of Healthy Eating and Regular Physical Activity	
Assurances: The facts presented in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in this RFP. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant, and I (the person signing below) am authorized to represent the applicant.	
Typed Name and Title of Authorized Representative:	
Signature of the Authorized Representative:	Date: